#### APPLICATION DATA SHEET

# APPLICATION INFORMATION:

Application Type: Regular

Subject Matter: Utility

Suggested Classifications:

Suggested Group Art Unit:

CD-ROM or CD-R:

Title: A METHOD OF ASSESSING

AND MANAGING RISKS ASSOCIATED WITH A PHARMACEUTICAL

**PRODUCT** 

Priority: 60/428,981 filed

November 25, 2002; and 60/467,827 filed

May 1, 2003

Attorney Docket Number: 125889.101

Request for Early NO

Publication:

Request for Non- NO

Publication:

Suggested Drawing Figure: 1

Total Drawing Sheets: 10

Small Entity: YES

Petition Included: NO

Secrecy Order in Parent NO

Application:

# APPLICANT INFORMATION:

Applicant Authority Type: Inventor

Primary Citizenship

Country:

US

Given Name:

Jeffrey

Middle Name:

Ε.

Family Name:

Fetterman

City of Residence:

Newark

State or Province of

Residence:

DE

Country of Residence:

US

Street of Mailing Address:

380 Fashion Circle

City of Mailing Address:

Newark

State or Province of

Mailing Address:

DE

Postal or Zip Code of

Mailing Address:

19711

Applicant Authority Type: Inventor

Primary Citizenship US

Country:

Given Name: Gary

Middle Name: H.

Family Name: Slatko

City of Residence: Greenville

State or Province of DE

Residence:

Country of Residence: US

Street of Mailing Address: 1003 Barley Mill Road

City of Mailing Address: Greenville

State or Province of DE

Mailing Address:

Postal or Zip Code of 19807

Mailing Address:

Applicant Authority Type: Inventor

Primary Citizenship US

Country:

Given Name: James

Middle Name: K.

Family Name: Laird

City of Residence: West Chester

State or Province of PA

Residence:

Country of Residence: US

Street of Mailing Address: 416 Barker Drive

City of Mailing Address: West Chester

State or Province of PA

Mailing Address:

Postal or Zip Code of 19380

Mailing Address:

#### CORRESPONDENCE INFORMATION:

Name: Pepper Hamilton LLP

Street of Mailing Address: 500 Grant Street,

One Mellon Center

50<sup>th</sup> Floor

City of Mailing Address:

State or Province of

Pittsburgh PA

Mailing Address:

15219

Postal or Zip Code of Mailing Address:

Telephone: Facsimile:

412.281.0717

412.454.5000

# REPRESENTATIVE INFORMATION:

Representative	Registration Number:	Name:
Designation:		
Primary	42,891	Raymond A. Miller
Associate	48,741	Joseph Melnik
Associate	45,111	James M. Singer
Associate	48,535	John W. Ongman
Associate	51,852	Kathleen Johnson
Associate	52,122	John Pillion
Associate	54,163	Joseph T. Helmsen
Associate	52,278	Carissa Tener
Associate	50,229	Nicole N. Endejann